

TRANSMITTAL FORM

Application Serial Number	10/810,504
Filing Date	March 26, 2004
First Named Inventor	Krupa
Group Art Unit	2875
Examiner Name	Sawhney, Hargobind
Attorney Docket No.	OPT-007
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response (11 pgs.)
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citation Labeled C13

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (please identify below)

<input type="checkbox"/> |
|---|--|---|

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 1st day of December, 2005.

Jamie Crystal-Lowry
Jamie Crystal-Lowry

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
22nd Floor
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

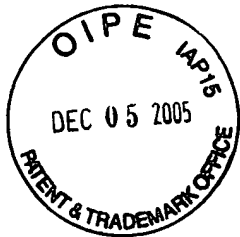
SIGNATURE BLOCK

Date: December 1, 2005
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Respectfully submitted,

Deborah M. Vernon
Deborah M. Vernon
Agent for the Applicant(s)
Proskauer Rose LLP
One International Place
22nd Floor
Boston, MA 02110-2600

<div><div><div>PT-101</div><div>OFFICE</div><div>DEPT. OF COMMERCE</div><div>DEC 1 2005</div></div><div><div>FEE TRANSMITTAL</div><div>FY 2005</div></div></div>					Complete if Known	
					Application Serial Number	10/810,504
Filing Date			March 26, 2004			
First Named Inventor			Krupa			
Group Art Unit			2875			
Examiner Name			Sawhney, Hargobind			
Attorney Docket No.			OPT-007			
METHOD OF PAYMENT			FEE CALCULATION (continued)			
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			4. ADDITIONAL FEES			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.						
<input checked="" type="checkbox"/> Applicant claims small entity status.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	Filing	Search	Examination	Fee Paid		
Utility	300	500	200			
Design	200	100	130			
Plant	200	300	160			
Reissue	300	500	600			
Provisional	200	0	0			
Small Entity Discount						
1. TOTAL				0		
2. EXCESS CLAIM FEES			Fee	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.			50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.			200	100		
Total Claims			Extra Claims	Fee Paid (\$)		
32			- 20 or HP (31)= 1	X \$25 = 25		
HP = highest number of total claim paid for, if great than 20						
Indep. Claims			Extra Claims	Fee Paid (\$)		
6			- 3 or HP(5)= 1	X \$100 = 100		
HP = highest number of total claim paid for, if great than 3						
Multiple Dependent Claims			Fee(\$)	Small Entity fee (\$)		
			360	180		
2. TOTAL:				125		
3. APPLICATION SIZE FEE						
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid		
		round up to a whole number	x	=		
-100 =	/50 =					
3. TOTAL:				0		
CORRESPONDENCE ADDRESS						
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place, 22 nd Floor Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899						
			TOTAL AMOUNT SUBMITTED			
			(\$)			
			125.00			
			SIGNATURE BLOCK			
			Respectfully submitted,			
			Date: December 1, 2005			
			Reg. No.. 55,699			
			Tel. No.: (617) 526-9836			
			Fax No.: (617) 526-9899			
			Deborah M. Vernon Agent for the Applicants Proskauer Rose LLP One International Place 22 nd Floor Boston, MA 02110			



PATENT
Attorney Docket No.: OPT-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Krupa CONFIRMATION NO.: 8172
SERIAL NO.: 10/810,504 GROUP NO.: 2875
FILING DATE: March 26, 2004 EXAMINER: Hargobind Sawhney
TITLE: COMPACT, HIGH-EFFICIENCY, HIGH-POWER SOLID STATE
LIGHT SOURCE USING A SINGLE SOLID STATE LIGHT-EMITTING
DEVICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

This paper is in response to the Office action mailed from the Patent Office on September 1, 2005, for which the shortened statutory period is set to expire on December 1, 2005. Applicants hereby authorize the Commissioner to charge additional claims fees for a small entity (\$125.00) and any necessary fees to enter this Amendment and Response to Attorney's Deposit Account No.: 50-3081.

Applicants respectfully request entry of this Response, in which:

- **Amendments to the Claims** begin on page 2.
- **Remarks** begin on page 7.

12/06/2005 SSITHIB1 00000027 503081 10810504
01 FC:2201 100.00 DA
02 FC:2202 25.00 DA